



COLORADO

**Department of Health Care
Policy & Financing**

1570 Grant Street
Denver, CO 80203

Posting Date: June 25, 2019

This posting serves as notification of Fiscal Year (FY) 2019-20 Inpatient Hospital Per Diem Rates for all Long Term Acute Care Hospitals, Rehabilitation Hospitals and Spine/Brain Injury Treatment Specialty Hospital participating in Colorado Medicaid. Once more, individual rate letters will not be sent by Federal Express since the Department is streamlining communications and saving taxpayer dollars. This method of communicating hospital rates has been approved by Hospitals participating in our Hospital Engagement Meetings, which occur every other month. Information about past and upcoming Hospital Engagement Meetings is available at <https://www.colorado.gov/pacific/hcpf/hospital-stakeholder-engagement-meetings>.

Once approval for the methodology and resulting rates is received from the Centers for Medicare & Medicaid Services (CMS), all hospital claims with discharges on or after July 1, 2019 will be adjusted to reflect the new Inpatient Hospital Per Diem Rate.

Hospital Base Rate Increase FY 2019-20: The inpatient hospital per diem rates reflect the 1% provider rate increase effective July 1, 2019.

Request for Informal Reconsideration or Appeal: Reimbursement rates for inpatient hospital services were calculated according to the regulations of the Colorado Medicaid Program. If you disagree with these figures, you may file a written request for informal reconsideration with the Department within thirty (30) days from the “posting date” listed in this communication. The request shall state the specific component of the rate the Provider wants reconsidered and the Provider’s position. Requests that do not comply with the requirements of this section shall be considered incomplete and shall be denied.

If you desire an informal reconsideration for your hospital’s Inpatient Per Diem Rates, please send your written request including your position as to each identified concern regarding the rate determination to:

Elizabeth Quaife
Fee-for-Service Rates Section
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

You may file an appeal of the decision on the informal reconsiderations with the office of administrative courts, as set forth at 10 C.C.R. 2505-10, Section 8.050.3.A-D:

- A. A Provider, other than a nursing facility whose notice of Adverse Action is regarding a rate determination, may appeal a notice of Adverse Action by filing a written appeal within thirty (30) calendar days from the date on the Notice of Adverse Action. The appeal shall be filed with the Office of Administrative Courts, Department of Personnel and Administration 1525 Sherman Street, Fourth Floor, Denver, CO 80203.*
- B. The appeal shall specify the basis upon which the Provider appeals the Adverse Action.*
- C. The date of filing the appeal shall be the date the Office of Administrative Courts receives the appeal. Failure to file a timely appeal shall result in dismissal of the appeal.*
- D. No recovery of an overpayment shall be implemented until the appeal process has been completed.*

Copies of the appeal shall be sent to:

Jennifer Weaver
First Assistant Attorney General
Department of Law, Health Care Unit
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 6th Floor
Denver, CO 80203

Elizabeth Quaife
Fee-for-Service Rates Section
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

You may choose to file a formal appeal instead of requesting an informal reconsideration. You have thirty (30) days from the posting date listed in this communication to submit your formal appeal according to the instructions in 8.050.3.A-D detailed above.

To summarize, you have thirty (30) days from the posting date on this communication (5/29/2019) to request an informal reconsideration or submit a formal appeal if pertinent. If you have any questions regarding this process or hospital reimbursement, please contact Elizabeth Quaife at elizabeth.quaife@state.co.us or 303-866-2083.

Any hospital interested in additional information regarding their Inpatient Per Diem Rate calculation is always welcome to contact Elizabeth Quaife at elizabeth.quaife@state.co.us or 303-866-2083.

FISCAL YEAR 2019-20 MEDICAID INPATIENT HOSPITAL PER DIEM RATES

PROVIDER NPI ID	REHABILITATION, SPINAL CORD AND SPECIALTY ACUTE HOSPITALS - PROPOSED PER DIEM	STEPDOWN 1	STEPDOWN 2	STEPDOWN 3	STEPDOWN 4
1598830267	ADV CARE HOSPITAL OF NORTH CO	\$2,198.58	\$2,088.65	\$1,984.22	\$1,885.01
1730144593	CRAIG HOSPITAL	\$2,904.13	\$2,758.93	\$2,620.98	\$2,489.93
1164496006	ENCOMPASS REHAB CO SPRINGS	\$1,019.60	\$968.62	\$920.18	\$874.18
1669955720	ENCOMPASS REHAB LITTLETON	\$1,019.60	\$968.62	\$920.18	\$874.18
1003892563	KINDRED AURORA	\$2,198.58	\$2,088.65	\$1,984.22	\$1,885.01
1861577439	KINDRED DENVER - WEST	\$2,198.58	\$2,088.65	\$1,984.22	\$1,885.01
1518327329	KINDRED HOSPITAL - DENVER SOUTH	\$2,198.58	\$2,088.65	\$1,984.22	\$1,885.01
1407299662	NEXTCARE SPECIALTY HOSPITAL OF DENVER	\$2,198.58	\$2,088.65	\$1,984.22	\$1,885.01
1104813484	NORTHERN CO REHAB	\$1,019.60	\$968.62	\$920.18	\$874.18
1841244639	SPALDING REHAB	\$1,019.60	\$968.62	\$920.18	\$874.18
1124402854	VIBRA LONG TERM ACUTE CARE	\$2,198.58	\$2,088.65	\$1,984.22	\$1,885.01
1407375249	VIBRA REHABILITATION	\$1,019.60	\$968.62	\$920.18	\$874.18
PROVIDER NPI ID	PSYCHIATRIC HOSPITALS - PER DIEM RATES	STEPDOWN 1	STEPDOWN 2		
1992752133	CEDAR SPRINGS HOSPITAL	\$661.26	\$478.91		
1760623888	CENTENNIAL PEAKS HOSPITAL	\$661.26	\$478.91		
1326133216	HIGHLANDS BEHAVIORAL HEALTH	\$661.26	\$478.91		
1659524486	PEAKVIEW BEHAVIORAL HEALTH	\$661.26	\$478.91		
1275680837	WEST SPRINGS HOSPITAL	\$661.26	\$478.91		
1720430937	DENVER SPRINGS HOSPITAL	\$661.26	\$478.91		
1871974436	CLEAR VIEW HOSPITAL	\$661.26	\$478.91		